A

9/14/00

## PAPERVOK Reduction Act of 1995, no persons are required to respond to a collection of the collection o

T.	RANSMITTAL rovisional applications under 37 C.F.R. § 1.53(b)) Ex	press Mail L	abel No. E	L398544	550US		4	
ADD	LICATION ELEMENTS		DDRESS T	O: Box Par	tent Appl	Issioner for Patenta Ication 20231	S S	
See MPEP chapte  X Fee (Subm - Des - Cros - Stat - Refe - Brie - Brie - Brie - Clai - Abs 3. X Draw 4. Oath or De a. X b	In 600 concerning utility patent application contents.  Transmittal Form (e.g., PTO/SB/17)  It an original and a duplicate for fee processing)  Including the final pages 108    Total Sheets 108    Total Sheets 115    Tot	6. [ 7. N (6) 8. [ 9. [ 10. [ 11. [ 13. [ .63(d))] 14. [ tion, 16. [ ich a (4b, is ]	Microfici ducleotide and applicable, a	Washin he Compute d/or Amino A all necessar Computer Re Paper Copy Statement vo PANYING ment Papers Re§3.73(b) S Re§3.73(b) S Re§3.73(b) S Refa is an exit Translation tition Disclosi ent (IDS)/PT mary Amendi Receipt Pos J be specific Entity Entity Gropy of P ign priority is Form	r Program Acid Seq y) adable ( (identical arifying identical arifying	uence Submission Copy Il to computer copy) dentity of above copi CATION PARTS wheet & document(s) It Power of Att ant (if applicable) Copies of ID Citations  IPEP 503) ized) nent filed in prior app still proper and desi	lication, red	
17. If a CON	ation and is hereby incorporated by reference to the propriete box.  TINUING APPLICATION, check appropriate box.  Intinuation Divisional Continuation-in-	and supply th	e requisite Info. of prior ap	mation below optication No:	and in e p	preliminary amendment	<u> </u>	
L	elization Information: Examiner			Group / Art U	hit:			
Prior application Information: Examiner  18. CORRESPONDENCE ADDRESS  or X Correspondence address below  [Insert Customer Number or Bar Code Label]  [Insert Customer No. or Attach bar code label hare)								
	Barry L. Kelmachter					<del></del>		
Name	BACHMAN & LaPOINTE, P.C.							
144	900 Chapel Street							
Address	Suite 1201							
City	New Haven Sta				Code	06510-2802		
Country	US Telephone	203	-777 <b>-</b> 662	28	Fax	203-865-0297	=	
(1) may 15	Rarry L. Kelmachter	;/	Registration	No. (Altorney/	Agent)	29,999		

Signature

MM W

Burden Hour Statement: This torm is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any Burden Hour Statement: This torm is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any Burden Hour Statement: This torm is estimated to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, commission, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

I hereby certify that this correspondence is being doposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231

of Patents and trademark. Waltingsto.

on September 14, 2000
(Date of Deposit)

Nicole Porto

Name and Reg. No. of Attorney

Signature

Signature

Jerushuber 14, 2000

Onto of Signature

BEST AVAILABLE COPY

10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	_	Filling Date								
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.		First Named Inventor			ntor	LIEBERMANN				
eman Entity normants must be supported by a small antity state	ment.	nt								
otherwise large entity fees must be paid. See Forms PTO/SB/O See 37 C.F.R. §§ 1.27 and 1.28.	-12	Group / Art Unit								
					00.25	2				
T TAL AMOUNT OF PAYMENT (\$) 1,839.00	لــــــــــــــــــــــــــــــــــــــ	Attorney Docket No. 99-352								
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)								
		3. ADDITIONAL FEES								
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Fee	arge Entity Small Entity Fee Fee Fee Fee Fee Description Code (5) Code (5)					Fee Pald			
Deposit Account 02-0184	105	130	205	65	Surch	urge - late filir	ng fee or cath			
Number Deposit	127	50	227	25	Surch:		ovisional filing fee or			
Account Name	1									
Charge Any Additional Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Malling	138		139			nglish specifi		i		
37 C.F.R. §§ 1.16 and 1.17 of the Notice of Allowance		47 2,520 147 2,520 For filing a request for reexamination					<b>-</b>			
	112	920		920*	Exam	ner action				
2. Payment Enclosed:  Check Money Other  Other	113	1,840	r 113	1,840°		iner action	tion of SIR after			
	111	5 110	215	55			within first month			
FEE CALCULATION	110	400				••	within second month	<u> </u>		
1. BASIC FILING FEE	117			475			within third month	<b>—</b>		
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid		8 1,510				••	within fourth month	<del></del>		
Code (\$) Code (\$)	121	2,060					within fifth month	<del>                                     </del>		
101 790 201 395 Utility filing fee 345		119 310 219 155 Notice of Appeal					<b>├</b> ──┤			
106 330 208 185 Design filing fee	120			155	_	est for oral he	•			
107 540 207 270 Plant filing fee	12	1 270 B 1,510		135	•		a public use proceed	ling		
108 790 208 395 Reissue filing fee	14			55	Patitio	on to revive -	unavoldable			
114 150 214 75 Provisional hing fee SUBTOTAL (1) (\$) 345.00		1 1,32(			Petitic	n to revive -	unintentional			
	_	1 1,321 2 1,321			Utility	lasue fee (or	reissue)			
2. EXTRA CLAIM FEES					Desig	n issue fee				
Extra Claims below Fee Palo  Total Claims 121 -20** = 101 × 9 = 909	1 14		244	335	Plant	isaue fee		<u> </u>		
Independent 10 3 = 15 x 30 = 585	1 12	2 130	122	130	Petitio	ons to the Co	mmissioner			
Ctains Multiple Dependent	12	3 50	123	50	Petitio	ons related to	provisional application	ons		
or number previously paid, if greater, For Reissues, See below	12	6 240	126	240	Subm	rission of Info	rmation Disclosure S	trnt		
Large Entity Small Entity	58	1 40	581	40	Reco	rding each na	itent assignment per			
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	1	_			prope	xty (times nu	mber of properties)			
103 22 203 11 Claims In excess of 20	14	8 790	248	395		ng a submission after final rejection CFR 1.129(a))				
102 82 202 41 Independent claims in excess of 3	14	9 790	249	395	For e	ach additions	il invention to be			
104 270 204 135 Multiple dependent claim, if not paid	1				exam	itned (37 CFF	. 1.120(U))	<del>  </del>		
over original patent	Oth	er fee (:	specify	)				·		
110 22 210 11 Reissue claims in excess of 20 and over original patent	Oth	Other fee (specify)								
SUBTOTAL (2) (\$)1,494.00	· Ra	duced	by Bas	ic Filing	Fee Pa	ald SI	UBTOTAL (3) (S	)		
SUBMITTED BY							Complete (if applicable)			
Typed or						į	Reg. Number	29,999		
Printed Name Barry L. Kelmachter	- 11			1	т		Deposit Account	<u> </u>		
Signature Signature	H			Date	9/	14/00	User ID			

THE RESERVE OF THE PARTY OF THE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Intornation Officer, Patent and Trademark Office, Washington, OC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I haraby certify that this correspondence is being Deposited with the United States Postal Service es Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231

September 14, 2000 (Date of Deposit) Nicole Porto

Name and Reg. No. of Att

4 2000

EXPRESS MAIL NO.:

EL398544550US